

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 279 OF 600

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR MAURICE MALIN**

Mailing Address 45 HALE PL

 City  
 TAPPAN

 State Zip Code  
 NY 10983

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 PHARMACADE PHARMACY

 Occupation  
 PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 12 18 2015

Transaction ID : SA11AI.94796

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT E MALONE**

 Mailing Address 18721 E BUCKSKIN DR  
 P O BOX 32063

 City  
 RIO VERDE

 State Zip Code  
 AZ 85263

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 RETIRED

 Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 08 2015

Transaction ID : SA11AI.87335

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MARY MANCUSO**

Mailing Address 5708 160TH ST

 City  
 FLUSHING

 State Zip Code  
 NY 11365

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 INFORMATION REQUESTED

 Occupation  
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 12 18 2015

Transaction ID : SA11AI.96697

Amount of Each Receipt this Period

53.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1063.00

**TOTAL** This Period (last page this line number only)..... ►

1063.00